IDAHO DEPARTMENT

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6826 FAX 208-364-1888

December 29, 2009

Max Long Walter Knox Memorial Hospital 1202 East Locust Street Emmett, ID 83617

Provider #131318

Dear Mr. Long:

On December 22, 2009, a complaint survey was conducted at Walter Knox Memorial Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004451

Allegation #1: Patients who presented to the Critical Access Hospital's (CAH) Emergency Department (ED) were not seen by a physician in a timely manner.

Findings: An unannounced visit was made at the CAH on 12/21/09. Eleven medical records, Performance Improvement documents, and policies were reviewed. Staff were interviewed.

The CAH's Emergency Room Admission policy, dated 12/17/02, stated that if the physician did not come to the ED to assess the patient, a medical screening would be completed by a person designated by the medical staff. The policy did not state how soon an MSE was to be completed. The CAH's Medical Screening Examination (MSE) policy, revised on 9/08, only stated who could perform an MSE and what the MSE included. The policy did not specify when the MSE needed to be completed. Additionally, the CAH's Bi-laws, under Article 3 Categories of Membership, only stated that physicians needed to live within 20 minutes of the hospital. The Bi-laws did not address when ED medical staff needed to be in the ED assessing patients presenting with emergent medical needs.

The Chief Nursing Officer (CNO) was interviewed on 12/21/09 starting at 10:47 AM.

She stated that the CAH did not have an ED policy that would direct physicians as to when they needed to be at patients' bedsides to perform a physical assessment or an MSE.

The Chief of Medicine/ED Medical Director was interviewed on 12/21/09 starting at 3:00 PM. She stated that the hospital did not have an ED policy that would direct physicians as to when they needed to be at patients' bedsides to perform a physical assessment or an MSE. However, she stated that the expectation was the ED physicians would see patients within 20 minutes of their arrival at the CAH's ED.

However, review of patient charts included 4 patients who arrived at the ED via ambulance with Cardio Vascular Accident (CVA) symptoms. The patients were not assessed by the physician with in the 20 minute timeframe as stated by the Chief of Medicine/ED Medical Director during the interview on 12/21/09 starting at 3:00 PM. Therefore, the allegation was substantiated. A deficiency was cited at 42 CFR 485.618, Emergency Services, 42 CFR 485.618 (a), Availability, and 42 CFR 485.635 (A)(3)(ii)), Patient Care Policies, for failure of the CAH to provide emergency care services to meet the needs of patients.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #2: CAH ED staff were rude.

Findings: Eleven medical records, Performance Improvement documents, and policies were reviewed. Staff were interviewed.

The CAH's ED Patient Satisfaction Survey Report, dated from November 2008 to October 2009, was reviewed. The Nursing Staff Courteous and Friendly section of the report documented the following results:

- Completely Dissatisfied: April 2009 = 4%, May 2009 = 3%.
- Somewhat Dissatisfied: November 2008 = 6%, January 2009 = 15%, April 2009 = 4%, May 2009 = 3%, June 2009 = 5%.

The Director of Quality Management was interviewed on 12/21/09 at 10:40 AM. She stated all employees are given a yearly in-service on costumer service. She stated if she received a complaint about an individual, she would follow up with that individual in accordance with the CAH's Complaint and Problem Identification Resolution policy.

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The CAH's Complaint and Problem Identification Resolution policy, dated 2002, stated that after receiving a complaint, a report of findings and action taken must be completed and given to the Director of Quality Management within seven days. However, the policy was not implemented as follows:

One patient record documented a patient who was admitted to the CAH ED on 8/25/09 for treatment of a migraine headache. A Process Improvement/Resolution Report, dated 8/27/09, stated the patient complained to the Director of Quality Management. The report stated the patient said the ED nurse was a "jerk to me." The Process Improvement/Resolution Report did not include a report on findings and action taken.

The Director of Quality Management was interviewed on 12/21/09 at 10:40 AM. She stated that she did talk to the nurse about the incident. She stated that the nurse had a history of being "black and white" and felt that the patient was drug seeking. She stated that the nurse was a bit short with the patient and was counseled. However, the Director of Quality Management stated that she did not write a report of findings and actions taken with this complaint.

The CAH failed to ensure that all patient complaints include a report of the findings and actions taken in order to ensure the PI program included all quality indicators, including patient complaints and reported satisfaction.

The CAH failed to ensure the PI program had analyzed all patient complaints. Therefore, the allegation was substantiated. A deficiency was cited at 42 CFR 485.618 (b), Quality Assurance, for failure of the CAH ensure that all patient complaints include a report on the findings and action taken.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #3: The CAH did not provide Registered Nurse (RN) oversight.

Findings: Eleven medical records, Performance Improvement documents, and policies were reviewed. Staff were interviewed.

The CAH's Position Description for a Certified Paramedic, dated 2009, stated the paramedic provided professional emergency care under the supervision of an RN/Charge Nurse, according to established standards and consulted with and kept the supervisor informed of activities, needs and problems. However, the CAH's Certified Paramedic job description did not state how the RN was to supervise the Certified Paramedic or how the supervision was to be documented.

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The job description did not state how the RN would provide supervision or how that supervision would be documented.

The CAH's Position Description for Licensed Practical Nurse, dated 2009, stated the LPN provided professional emergency care under the supervision of an RN/Charge Nurse, according to established standards and consulted with and kept supervisor informed of activities, needs and problems. The job description was in accordance with the Rules of the Idaho Board of Nursing, IDAPA code 23.01.01. 460.02 (a), which states the LPN contributes to the assessment of health status by collecting, reporting and recording objective and subjective data and IDAPA code 23.01.01.460 which states the LPN functions in a dependent role. However, the CAH's LPN job description did not state how the RN was to supervise the LPN or how the supervision was to be documented.

The CAH's Emergency Room Nursing and Physicians policy, dated 3/01, stated the emergency room was to be staffed twenty-four hours a day by a licensed nurse (RN or LPN) and that an RN, preferably trained in advanced cardiac life support, was to be available twenty-four hours a day to supervise nursing activities in the emergency room. The policy was in accordance with the Rules of the Idaho Board of Nursing, IDAPA code 23.01.01.401, which states the RN, in addition to providing hands-on nursing care, works and serves in a broad range of capacities including delegation of duties and that the RN is accountable and responsible for implementation of planned and prescribed nursing care (IDAPA code 23.01.01.401.02 (e)). However, the policy did not include information regarding how the RN was to supervise the staff working under their license or how the supervision was to be documented.

A review of patient charts documented a lack of RN supervision for 4 patients receiving care in the ED from LPNs and paramedics. Examples include, but are not limited to the following:

One patient record documented a patient who was brought to the CAH's ED on 12/16/09 via EMS. A nursing note dated 12/16/09 at 11:30 AM, written by a paramedic, documented that the patient arrived at the CAH by EMS at 11:30 AM. The note stated the patient presented with CVA-like symptoms such as difficulty talking and the inability to follow commands. The note stated the patient's wife reported the symptoms started on 12/15/09 but the patient had not wanted paramedics called at that time. The note further stated the patient was placed on the cardiac monitor and was given oxygen. The patient's record contained the following nursing notes, as documented by the paramedic:

- 12/16/09 at 11:37 AM: The paramedic checked the patient's blood sugar.

- 12/16/09 at 11:49 AM: The paramedic called the ED physician on duty at that time. He documented that he had received laboratory test orders from the physician's office nurse and an order for a CT. The note also stated that the physician would come to see the patient.
- 12/16/09 at 11:54 AM: The paramedic started an IV in the patient's right forearm.
- 12/16/09 at 12:08 PM: The patient was undergoing a CT and that the family was very anxious for the physician to evaluate the patient.
- 12/16/09 at 12:20 PM: The patient's family had signed the patient out Against Medical Advice (AMA) because the physician was not there. However, the patient did not leave AMA.
- 12/16/09 at 12:21 PM: The physician was seeing the patient at that time.
- 12/16/09 at 12:35 PM: The paramedic started an IV in the patient's left arm.
- 12/16/09 at 12:47 PM: The patient was given Labetalol (a blood pressure medication) 5 mg IV followed by a 10 ML saline flush.
- 12/16/09 at 1:05 PM: The paramedic gave report to a Lifeflight RN who was transporting the patient to a hospital for continued care.

The patient's record contained no documented evidence that the CAH's ED RN supervised the paramedic or the patient's care. This was confirmed by the ED RN who was on shift during the patient's admission and stay at the CAH's ED on 12/21/09 at 2:45 PM.

A second patient record documented a patient who was brought to the CAH's ED on 12/11/09 via EMS. The patient's record contained the following nursing notes, as documented by the LPN:

- 12/11/09 at 7:15 PM: The patient had complained of fatigue, headache, and slurred speech. The assessment stated she had a history of hypertension and diabetes. The assessment stated she was "drowsy; confused; lethargic..." It said her pupils were contracted and non-reactive. The section of the assessment which asked for the time the physician was called and the time the physician arrived was not completed.
- 12/11/09 at 7:34 PM: A report was made by telephone to the physician at 7:34 PM, and orders were received for laboratory tests and a CT.

- 12/11/09 at 8:08 PM: The physician was seeing the patient.
- 12/11/09 from 8:18 PM to 8:35 PM: An RN administered intravenous medication to the patient but no assessment or other care by the RN was documented. The patient's record contained no documented evidence that the CAH's ED RN supervised the LPN or the patient's care.

Two other records reviewed did not include documentation that the RN had supervised the patients' care in the ED.

On 12/21/09 starting at 11:35 AM, the CAH's CNO was interviewed. She stated that an RN was scheduled in the ED 24/7. She stated that the ED RN was also the CAH's Medical Surgical Charge RN during their shift. This was confirmed with review of 11/09 and 12/09 staffing records.

An RN ED/Medical Surgical Charge nurse was interviewed on 12/21/09 starting at 2:45 PM. She stated that the ED paramedics and other staff were very confident in assessing and caring for patients. She stated that she did oversee their care provided to patients, but did not document that oversight in patients' records.

The CAH failed to ensure an RN had supervise and evaluated the nursing care for patients. Therefore, the allegation was substantiated. A deficiency was cited at 42 CFR 485.635 (d)(2), Nursing Supervision, for failure of the CAH ensure that care was provided and/or supervised by an RN.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

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Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

C.L. "BUTCH" OTTER - Governor RICHARO M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

January 22, 2010

Certified Mail Number: 7007 0710 0002 7979 0666

Max Long Walter Knox Memorial Hospital 1202 East Locust Street Emmett, ID 83617

RE: Walter Knox Memorial Hospital, provider #131318

Dear Mr. Long:

We have received your Allegation of Compliance (AOC) for the survey completed at Walter Knox Memorial Hospital on December 22, 2009. After careful review, it has been determined that additional information is needed before your plan can be accepted. Please add the information, described below to your AOC for each tag noted, and return it to our office by February 4, 2010.

The Allegation of Compliance for Walter Knox Memorial Hospital did not contain the following elements:

201

- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable AOC for the deficiency cited;
- The plan must include the title of the person responsible for implementing the acceptable AOC.

274

- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable AOC for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the AOC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the AOC.

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- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable AOC for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the AOC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable AOC.

Thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact this office at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/mlw

Enclosure

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 12/28/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDI	ING	COMPLETED	
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(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for parsing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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C 274	practitioner, as defor 1 hour and 10 arrived at the ED. The CNO was int 3:50 PM. She cophysician did not the expected 20 medicine/ED Med 485.635(a)(3)(ii) I [The policies including procedures for endical services. This STANDARD Based on interview medical records a determined the Coprocedures for ensufficiently developmental to impact a directly impacted 49, and 410) who whose records and whose records whose records are the following whose r	esignated by the medical staff, minutes after Patient #10 erviewed on 12/21/09 starting at nfirmed that Patient #10's ED physically see Patient #10 within ninutes which was the Chief of dical Director's expectations. PATIENT CARE POLICIES ude the following:] procedures for emergency is not met as evidenced by: ews of CAH staff and review of and CAH policies, it was the call patients arriving at the ED. A policies, the facility would not a life ED staff completed initial EEs within the time frames e Chief of Medicine/ED Medical		274	C 274 Cited Policies have been reinclude timeframes for Emservices and Medical Scree Examinations. See Policy in Addendum: A-Emergency Room Admiss B-Staffing Emergency Room C-Medical Screening Exam Also Medical Staff Rules renoted in deficiency C 201 D-Medical Staff Bylaws page Amendment to C 274 As noted in C201, as of Jan 2010, all Nursing Departm who work in the Emergency have been advised of the pochanges and the requireme completion of MSE's within specified timeframes. The same Quality Improve indicator monitoring completimes for MSE's will be use See Addendum E: Trending The responsible position is Nursing Officer.	ergency ening sion n ination vision as ge 64 ent staff y Room olicy nt for the the ment etion d. g Sheet	

	F CORRECTION	IDENTIFICATION NUMBER:	A. BU		IG	COMPLE	ETED	
		131318	B. WI	NG_			C 2/2009	
	ROVIDER OR SUPPLIER KNOX MEMORIAL H	IOSPITAL		1	REET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET EMMETT, ID 83617			
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C 274	included RNs and ra Nurse Practitione how soon an MSE of the CAH's Medical (MSE) policy, revise perform an MSE are The policy did not sto be completed. A under Article 3 Cate stated that physicial minutes of the hosp address when ED rathe ED assessing pemergent medical rather than the ED assessing pemergent medical rather than the ED assessing pemergent medical rather than ED policy that when they needed perform a physicial A review of patient time frames for how an assessment/MS (physician, RN, or they arrived at the I documented the follows.	midlevel practitioners (a PA or r). The policy did not state was to be completed. I Screening Examination ed 9/08, only stated who could had what the MSE included. Specify when the MSE needed additionally, the CAH's Bi-laws, egories of Membership, only ms needed to live within 20 bital. The Bi-laws did not medical staff needed to be in patients presenting with needs. Ency Room Nursing and dated 3/01, stated "Physician ergency Room are available aday." The policy did not needical staff needed to be in patients presenting with needs. Eviewed on 12/21/09 starting at the that the CAH did not have rould direct physicians as to to be at patients' bedsides to assessment or an MSE. Charts documented varying w soon patients were seen for SE by qualified ED staff midlevel practitioners) after ER. The patients' records		274				

		IDENTIFICATION NUMBER:	A. BU		IG	(X3) DATE S COMPLE	ETED
		131318	B. WII	۷G			C 2/2009
NAME OF PROVIDER OR SUPPLIER WALTER KNOX MEMORIAL HOSPITAL (X4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 274 Continued From page 10 The EMS run sheet stated the ambulance arrived at the CAH's ED with Patient #1 at 11:26 AM. However, a nursing note, dated 12/16/09 at 11:30 AM, written by a paramedic, documented that Patient #1 arrived at the CAH by EMS at 11:30 AM. The note stated that Patient #1 presented with CVA-like symptoms such as difficulty talking and inability to follow commands. Subsequent notes documented the paramedic continued to care for Patient #1 until 12:15 PM. Patient #1's CAH's ED flow sheet contained the physician's initial assessment. The flow sheet stated the physician arrived at the ED at 12:15 PM, 45 minutes after Patient #1 had arrived at the ED. However, a nursing note, dated 12/16/09 at 12:21 PM, stated the physician was seeing			1	REET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET EMMETT, ID 83617		,	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
C 274	The EMS run shee at the CAH's ED w However, a nursing AM, written by a pa Patient #1 arrived a AM. The note state with CVA-like sympand inability to follonotes documented care for Patient #1 Patient #1's CAH's physician's initial a stated the physician PM, 45 minutes affe ED. However, a note 12:21 PM, stated the Patient #1 at that the Hatient #1 arrived at the EB Beyond the care the Patient #1's record physical assessment completed by the practitioner, as desfor 51 minutes after b. Patient #4 was brought to the CAH The EMS run shee at the CAH's ED winursing note dated by a paramedic, do arrived by EMS with CVA like symptom documented the papatient #4 until 10/9 Patient #4 u	at stated the ambulance arrived ith Patient #1 at 11:26 AM. In once, dated 12/16/09 at 11:30 aramedic, documented that at the CAH by EMS at 11:30 ed that Patient #1 presented otoms such as difficulty talking ow commands. Subsequent the paramedic continued to until 12:15 PM. ED flow sheet contained the ssessment. The flow sheet in arrived at the ED at 12:15 for Patient #1 had arrived at the tursing note, dated 12/16/09 at the physician was seeing time, 51 minutes after Patient D. at the paramedic provided, and not document that a sent or MSE had been onlysician, an RN, or midlevel signated by the medical staff, or Patient #1 arrived at the ED. a 72 year-old-male who was at seeing the patient #4 at 1:27 PM. A 10/13/09 at 1:30 PM, written occumented that Patient #4 h a complaint of new onset is. Subsequent notes aramedic continued to care for 13/09 at 2:10 PM, when the ented the physician was	C	274			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE COI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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C 274	Continued From pa	ge 11	C	274			
	physical assessment completed by the propertitioner, as desserved for 40 minutes after ED. c. Patient #9 was a brought to the CAH The EMS run sheet at the CAH's ED with However, Patient # an LPN on 12/11/01 patient arrived at the Patient #9 had com and slurred speech had a history of hypericompleted by the patient arrived speech had a history of hypericompleted by the properties of the	did not document that a nt or MSE had been hysician or an RN or midlevel ignated by the medical staff, r the patient had arrived at the a 59 year-old-female who was is ED on 12/11/09 via EMS. It stated the ambulance arrived th Patient #9 at 7:11 PM. 19's ED flow sheet, written by 9 at 7:15 PM, stated the patient ime. The note stated that inplained of fatigue, headache, it. The assessment stated she pertension and diabetes. The she was "drowsy; confused;					
	lethargic" It said non-reactive. The which asked for the and the time they a Subsequent notes continued to care for when the LPN docupatient. An addition RECORD-HISTOR	her pupils were contracted and section of the assessment it time the physician was called urrived was not completed. documented the LPN or Patient #9 until 8:08 PM, umented the physician saw the hal note, titled "PHYSICIAN'S"					
	physical assessme completed by the p practitioner, as des	did not document that a nt or MSE had been hysician or an RN or midlevel ignated by the medical staff, r the patient had arrived at the					
		a 60 year-old-male who was I's ED on 10/15/09 via EMS.					

PRINTED: 12/28/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 131318 12/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET WALTER KNOX MEMORIAL HOSPITAL **EMMETT, ID 83617** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY C 274 Continued From page 12 C 274 His ED flow sheet, written by the LPN on 10/15/09 at 6:25 PM, stated the patient ambulated into the ER and the chief complaint was "MENTAL STATUS CHANGE." The assessment stated Patient #10 was disoriented and had a history of bladder cancer. Subsequent notes documented the LPN continued to care for Patient #10 until 7:35 PM when the LPN documented the physician saw the patient at that time. Patient #10's record did not document that a physical assessment or MSE had been completed by the physician or an RN or midlevel practitioner, as designated by the medical staff, for 1 hour and 10 minutes after the patient had arrived at the ED. The Chief of Medicine/ED Medical Director was interviewed on 12/21/09 starting at 3:00 PM. She stated that the hospital did not have an ED policy that would direct physicians as to when they needed to be at patients' bedsides to perform a physical assessment or an MSE. However, she stated the expectation was the ED physicians would see patients within 20 minutes of their arrival at the CAH's ED. C 296 485.635(d)(2) NURSING SERVICES C 296 C 296 A registered nurse or, where permitted by State Indications for direct supervision of law, a physician assistant, must supervise and non-RN staff by an RN have been evaluate the nursing care for each patient, added to the Policy. including patients at a SNF level of care in a See Policy in Addendum: swing-bed CAH. B-Staffing Emergency Room F-Standards of Nursing Practice This STANDARD is not met as evidenced by: Based on interviews of CAH staff and review of medical records and CAH policies, it was determined the CAH failed to ensure an RN had supervised and evaluated the nursing care for 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILD		K2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER	HOSPITAL		12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617	12121	
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C 296	of 11 patients (Patipresented to the Eireviewed. Failure of the nursing care provided protection outcomes. The final supervision of an Festablished standakept the supervision of an Festablished standakept the supervision. The job description would provide supervision of an Festablished standakept supervision of an Festablished standakept supervisor inforblems. The job with the Rules of the LPN contribute status by collecting objective and subjective and subject	ents #1, #4, #9 and #10) who D and whose records were to ensure an RN supervised to ensure an ensure and en	C	296	Amendment to C 296 The policy included in Adde has been further revised to ER providers as additional responsible to directly supe care provided by the non-Ri and is immediately effective. In addition, all ER records reviewed by an RN for the post of assessing chart/documen completion, appropriatenes nursing care, and accuracy charges. This has been added policy, Addendum F and with tracked on the Trending Shabeginning February 1, 2010. The responsible position is Nursing Officer	include persons rvise the N staff e. are purpose tation s of of ed to the II be neet	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE S COMPLI	
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C 296	description did not supervise the LPN be documented. The CAH's Emerge Physicians policy, cemergency room whours a day by a lict that an RN, prefera cardiac life support twenty-four hours a activities in the emein accordance with of Nursing, IDAPA states the RN, in accordance with of Nursing care, works of capacities includ that the RN is accoimplementation of pursing care (IDAP However, the policy regarding how the fivorking under their supervision was to A review of patient RN supervision for ED from LPNs and a. Patient #1 was a brought to the CAH nursing note dated by a paramedic, do arrived at the CAH note stated that Pat CVA-like symptoms the inability to follow that Patient #1's wif	ency Room Nursing and lated 3/01, stated the last to be staffed twenty-four lensed nurse (RN or LPN) and bly trained in advanced, was to be available day to supervise nursing lengency room. The policy was the Rules of the Idaho Board code 23.01.01.401, which ladition to providing hands-on and serves in a broad range ling delegation of duties and untable and responsible for planned and prescribed A code 23.01.01.401.02 (e)). If did not include information RN was to supervise the staff license or how the	C	296			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	COMPLET	
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C 296	Continued From pa	ge 15	C	296			
	stated that Patient monitor and was gi	at that time. The note further #1 was placed on the cardiac ven oxygen. Patient #1's ne following nursing notes, as paramedic:					
	- 12/16/09 at 11:37 Patient #1's blood s	AM: The paramedic checked sugar.			•		
	ED physician on du documented that he orders from the phy order for a CT. The	AM: The paramedic called the uty at that time. He e had received laboratory test ysician's office nurse and an e note also stated that the me to see Patient #1.					
	- 12/16/09 at 11:54 an IV in Patient #1'	AM: The paramedic started s right forearm.					
	undergoing a CT a	PM: Patient #1 was nd that the family was very sician to evaluate the patient.					
	signed the patient	PM: Patient #1's family had out AMA because the physician wever, Patient #1 did not leave					
	- 12/16/09 at 12:21 Patient #1 at that ti	PM: The physician was seeing me.					
	- 12/16/09 at 12:35 an IV in Patient #1	PM: The paramedic started is left arm.					
		PM: Patient #1 was given pressure medication) 5 mg IV L saline flush.					
	- 12/16/09 at 1:05	PM: The paramedic gave					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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C 296	Patient #1 to a hosp Patient #1's record evidence that the C paramedic or Patier confirmed by the El #1's admission and 12/21/09 at 2:45 PM b. Patient #4 was a brought to the CAH Patient #4's record nursing notes, as d - 10/13/09 at 1:30 F with a complaint of symptoms. Patient symptoms started a suddenly could not was placed on the c oxygen 10/13/09 at 1:40 F ED physician on du - 10/13/09 at 2:00 F documented that he from the physician's - 10/13/09 at 2:10 F radiology and place the physician was a time 10/13/09 at 2:15 F IV in Patient #4's le	contained no documented AH's ED RN supervised the nt #1's care. This was D RN on shift during Patient stay at the CAH's ED on M. 72 year-old-male who was 's ED on 10/13/09 via EMS. contained the following ocumented by the paramedic: 2M: Patient #4 arrived by EMS new onset CVA-like #4's wife reported the around 1:00 PM, when he speak and was confused and cardiac monitor and given 2M: The paramedic called the ty. 2M: The paramedic called the ty. 2M: The patient was back from a document wa	C	296			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131318	P. WING		C 12/22/2009		
NAME OF PROVIDER OR SUPPLIER WALTER KNOX MEMORIAL HOSPITAL		HOSPITAL		12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617		
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C 296	collected from Pati - 10/13/09 at 2:45 transferred to a homovements on his - 10/13/09 at 3:00 to the helipad for transferred documents and report a were given to the lacetable and report aware given to the lacetable awa	PM: A urine sample was ent #4. PM: Patient #4 was to be spital and now had good motor right, side. PM: Patient #4 was transferred ransfer to a helicopter. The ented that Patient #4 was and copies of Patient #4's chart lifeflight crew. PM: The paramedic called the l's ED and gave a report. I contained no documented CAH's ED RN had supervised Patient #4's care. I contained the following documented by the LPN: PM: Patient #9 had complained the, and slurred speech. The diabetes. The assessment rowsy; confused; lethargic" It re contracted and non-reactive assessment which asked for cian was called and the time the was not completed. PM: A report was made by	C	296			
	- 12/11/09 at 7:34	·					

F CORRECTION	IDENTIFICATION NUMBER:	1				
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were received for late 12/11/09 at 8:08 IP Patient #9. - 12/11/09 from 8:1 administered intraval #9 but no assessm was documented evaluated in the CAP Patient #10 was brought to the CAP Patient #10's reconsursing notes, as consurating notes, as consurated in the ER and the child STATUS CHANGE Patient #10 was disconsurated in the 10/15/09 at 6:30 of Patient #10's arrival at 6:25 Fexamination at 7:3 documented in the 10/15/09 at 10:10 transferred to a regambulance. Patient #10's reconsulting patient #1	aboratory tests and a CT. PM: The physician was seeing 8 PM to 8:35 PM: An RN renous medication to Patient rent or other care by the RN Patient #9's record contained idence that the CAH's ED RN N or Patient #9's care. a 60 year-old-male who was d's ED on 10/15/09 via EMS. d contained the following documented by the LPN: PM: The patient ambulated into ref complaint was "MENTAL E." The assessment stated soriented. PM: The physician was notified rival at that time. assess Patient #10 between PM and the physician's FM, was an LPN as 10/15/09 nursing notes. PM: Patient #10 was gional medical center via d contained no nursing notes te the RN supervised the LPN	C	296			
On 12/21/09 startir	ng at 11:35 AM, the CAH's					
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	ROVIDER OR SUPPLIER KNOX MEMORIAL F SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa were received for la - 12/11/09 at 8:08 If Patient #9. - 12/11/09 from 8:1 administered intrav #9 but no assessm was documented ev supervised the LPN d. Patient #10 was brought to the CAH Patient #10's recornursing notes, as of the ER and the chi STATUS CHANGE Patient #10 was dis - 10/15/09 at 6:25 If the ER and the chi STATUS CHANGE Patient #10 was dis - 10/15/09 at 6:25 Fexamination at 7:3 documented in the - 10/15/09 at 10:10 transferred to a regambulance. Patient #10's recorn by an RN to indicator Patient #10's care	TOENTIFICATION NUMBER: 131318 ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 were received for laboratory tests and a CT. - 12/11/09 at 8:08 PM: The physician was seeing Patient #9. - 12/11/09 from 8:18 PM to 8:35 PM: An RN administered intravenous medication to Patient #9 but no assessment or other care by the RN was documented. Patient #9's record contained no documented evidence that the CAH's ED RN supervised the LPN or Patient #9's care. d. Patient #10 was a 60 year-old-male who was brought to the CAH's ED on 10/15/09 via EMS. Patient #10's record contained the following nursing notes, as documented by the LPN: - 10/15/09 at 6:25 PM: The patient ambulated into the ER and the chief complaint was "MENTAL STATUS CHANGE." The assessment stated Patient #10 was disoriented. - 10/15/09 at 6:30 PM: The physician was notified of Patient #10's arrival at that time. The only person to assess Patient #10 between his arrival at 6:25 PM and the physician's examination at 7:35 PM, was an LPN as documented in the 10/15/09 nursing notes. - 10/15/09 at 10:10 PM: Patient #10 was transferred to a regional medical center via	ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 were received for laboratory tests and a CT. - 12/11/09 at 8:08 PM: The physician was seeing Patient #9. - 12/11/09 from 8:18 PM to 8:35 PM: An RN administered intravenous medication to Patient #9 but no assessment or other care by the RN was documented. Patient #9's record contained no documented evidence that the CAH's ED RN supervised the LPN or Patient #9's care. d. 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ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 were received for laboratory tests and a CT. - 12/11/09 at 8:08 PM: The physician was seeing Patient #9. - 12/11/09 from 8:18 PM to 8:35 PM: An RN administered intravenous medication to Patient #9 but no assessment or other care by the RN was documented. Patient #9's record contained no documented evidence that the CAH's ED RN supervised the LPN or Patient #9's care. d. Patient #10 was a 60 year-old-male who was brought to the CAH's ED on 10/15/09 via EMS. Patient #10's record contained the following nursing notes, as documented by the LPN: - 10/15/09 at 6:25 PM: The patient ambulated into the ER and the chief complaint was "MENTAL STATUS CHANGE." The assessment stated Patient #10's arrival at that time. The only person to assess Patient #10 between his arrival at 6:25 PM and the physician's examination at 7:35 PM, was an LPN as documented in the 10/15/09 nursing notes. - 10/15/09 at 10:10 PM: Patient #10 was transferred to a regional medical center via ambulance. Patient #10's record contained no nursing notes by an RN to indicate the RN supervised the LPN or Patient #10's care.	ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 were received for laboratory tests and a CT. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician to Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The physician was seeing Patient #9. -12/11/09 at 8:08 PM: The patient who was brought to the CAH's ED on 10/15/09 via EMS. Patient #10 was a 60 year-old-male who was brought to the CAH's ED on 10/15/09 via EMS. Patient #10's record contained the following nursing notes, as documented by the LPN: -10/15/09 at 6:25 PM: The patient ambulated into the ER and the chief complaint was "MENTAL STATUS CHANGE." The assessment stated Patient #10 was disoriented. -10/15/09 at 6:25 PM and the physician was notified of Patient #10's arrival at that time. The only person to assess Patient #10 between his arrival at 6:25 PM and the physician's examination at 7:35 PM, was an LPN as documented in the 10/15/09 nursing notes. -10/15/09 at 10:10 PM: Patient #10 was transferred to a regional medical center via ambulance. Patient #10's record contained no nursing notes by an RN to indicate the RN supervised the LPN or Patient #10's care.	ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY STATE, ZIP CODE 1202 EAST LOCUST STREET EMMETT, ID 38317 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 were received for laboratory tests and a CT. -12/11/09 at 8:08 PM: The physician was seeing Patient #9 but no assessment or other care by the RN was documented. Patient #9's care. d. Patient #10 was a 60 year-old-male who was brought to the CAH's ED on 10/15/09 via EMS. Patient #10's record contained no documented evidence that the CAH's ED RN supervised the LPN or Patient ambulated into the ER and the chief complaint was "MENTAL STATUS CHANCE." The assessment stated Patient #10 was disoriented. 10/15/09 at 6:30 PM: The physician was notified of Patient #10's record contained at that time. The only person to assess Patient #10 between his arrival at 6:25 PM and the physician's examination at 7:35 PM, was an LPN as documented in the 10/15/09 nursing notes. -10/15/09 at 10:10 PM: Patient #10 was transferred to a regional medical center via ambulance. Patient #10's record contained no nursing notes by an RN to indicate the RN supervised the LPN or Patient #10's care.

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPLET	TED
		131318	B. WIN	IG	***	12/22	2/2009
	ROVIDER OR SUPPLIER KNOX MEMORIAL I	HOSPITAL		1:	REET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 296	was scheduled in the ED RN was also Charge RN during with review of 11/0 An RN ED/Medical interviewed on 12/2 stated that the ED were very confident patients. She state care provided to pathat oversight in pathat oversight in pathat of supervised.	wed. She stated that an RN he ED 24/7. She stated that to the CAH's Medical Surgical their shift. This was confirmed 9 and 12/09 staffing records. Surgical Charge nurse was 21/09 starting at 2:45 PM. She paramedics and other staff it in assessing and caring for ed that she did oversee their atients, but did not document atients' records. to ensure care was provided by an RN.		296			
	program to evaluate appropriateness of furnished in the CA outcomes. The property of the prope	ffective quality assurance to the quality and the diagnosis and treatment and of the treatment rogram requires that - is not met as evidenced by: riview and review of patient ords, it was determined the rethe PI program had to complaints for 1 of 2 patients wed, who had filed complaints. The potential for the CAH's ability blement processes to improve be impeded. The findings Patient Satisfaction Survey November 2008 to October id. The Nursing Staff					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131318	B. Wit			1	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	12124	2/2009
WALTER	KNOX MEMORIAL H	IOSPITAL		1	1202 EAST LOCUST STREET EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
C 336	Continued From pa	age 20	C	336	3		
	Courteous and Frie documented the fo	endly section of the report llowing results:					
	- Completely Dissa 2009 = 3%.	tisfied: April 2009 = 4%, May					
		isfied: November 2008 = 6%, %, April 2009 = 4%, May 2009 5%.			-		
	interviewed on 12/2 all employees are g costumer service. complaint about an with that individual	ality Management was 21/09 at 10:40 AM. She stated given a yearly in-service on She stated if she received a individual, she would follow up in accordance with the CAH's blem Identification Resolution					
	Resolution policy, of receiving a complated action taken must be Director of Quality	aint and Problem Identification dated 2002, stated that after int, a report of findings and be completed and given to the Management within seven e policy was not implemented					,
	admitted to the CA of a migraine head Improvement/Reso stated Patient #11 Quality Manageme #11 said the ED no Process Improvem	52-year-old female who was H ED on 8/25/09 for treatment ache. A Process plution Report, dated 8/27/09, complained to the Director of ent. The report stated Patient arse was a "jerk to me." The tent/Resolution Report did not findings and action taken.					
		ality Management was 21/09 at 10:40 AM. She stated					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		131318	B, WIN	1G		12/22	2/2009
	ROVIDER OR SUPPLIER	OSPITAL		12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617	12122	12003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
C 336	She stated that the "black and white" a drug seeking. She short with Patient # However, the Direct stated that she did and actions taken where the CAH failed to ecomplaints include actions taken in order.	the nurse about the incident. nurse had a history of being nd felt that Patient #11 was stated that the nurse was a bit 11 and was counseled. tor of Quality Management not write a report of findings with this complaint. ensure that all patient a report of the findings and der to ensure the PI program indicators, including patient	C	336			

PRINTED: 01/14/2010

3/004

		I AND HUMAN SERVICES 8 MEDICAID SERVICES				FORM	APPROVED . 0936-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) LI A. BUT		LE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY .
	1	131318	B. Wil	KG			2/2009
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
WALTER	KNOX MEMORIAL H	OSPITAL		1202 EAST LOCUST STREET EARNETT, NO 63617			
(X4) ID PREFIX TAG	EACH DEFICIENCY	Atement of Deficiencies Y must be preceded by full SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION ULD BE CPRIATE	COMPLETION DATE
C 336	documented the following and following a complaint and propolicy. The CAH's Complete and Propolicy.	indly section of the report flowing results: disfied: April 2009 = 4%, May disfied: November 2008 = 6%, %, April 2009 = 4%, May 2009	C	336	C 336: Unfortunately there was this statement because that is Director's normal process, nor our policy. And I apologize if a reviewer to believe this is our pure Employees are given a yearly opart of the statement is correct provided with routine customer customer service motivational submitted by fellow employees service team which is lead by several times a year in an effort delivering stellar customer service team which is lead by several times a year in an effort delivering stellar customer service. However, if there is a complain information is provided to that it Manager on our PI forms (blue responsible for the findings and counseling/education, disciplin staff. The Department Head the QM Director with written/verba QM Director with written/verba QM Director with written/verba QM Director prepares a report discussed at our monthly QI C same report is available for revided Staff and our Board of with patient #11. There is a sin HR/Community Relations Deports and the provided to the provided of the provided to the provided staff and our Board of with patient #11. There is a sin HR/Community Relations Deports and the provided to the provided t	s a misconnot the Quist that in anything sale rocess. customer ir. Additional service en quotes that is. We have our HR Direct to keep ovice. at about an individual's service sheets) will actions reary steps, nen returns I responses in that is revitormmittee review and difficulties on the process of the	ality Management ccordance with id misled the in-service, this alfy, they are mails that include thave been a customer ector that meets our focus on individual, that is Department tho in turn is elated to etc. with their in the form to the s, from which the lewed and meeting. That is cussion at As was the case is in our rinegative sfaction surveys.
The state of the s	of a migraine head Improvement/Rese stated Patient #11 Quality Manageme #11 said the ED no Process Improvem Include a report or The CNO was inte AM. She stated the	lache. A Process colution Report, dated 6/27/09, complained to the Director of ent. The report stated Patient urse was a "jerk to me." The nent/Resolution Report did not a findings and action taken. erviewed on 12/21/09 at 10:40 act she did talk to the nurse			This does not mean that the Q an incident with specific staff ir will request additional informat further explain in addition to will discussed with their supervisor the need for additional informat responsibility for staff follow up Department Managers, which In the future, WKMH will be me completed response from the requiring comprehensive documents.	nvolved. S tion or just hat they ha r. Or QM I tion from s o does fall t is per our p ore diligent Departmen	formetimes staff feel the need to ave already Director may have staff. But the to the individual policy. It in obtaining a at Managers of findings and
FORM CHAS	2567(02-99) Previous Version	ns Obsolete Event ID: WORM	गा	Fe	e actions. Our existing PI form enforce this. As noted on this Director has not received a resworking days from the Departr be notified. A copy of the revisattached along with the two mincident with patient #11 was a policy regarding the handling of	revised for sponse bac ment Mana sed PI form onthly QI re reported ar	m, if the QM ck within 7 ger, the CEO will has been eports where the nd a copy of our

1-21-10

DEPART	MENT OF HEALTH	I AND HUMAN SERVICES					: 01/14/2010 APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES			,		0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I A. SU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		131318	B. 146	HG,		ŗ	C 2/2009
NAME OF P	ROVIDER OR SUPPLIER			នា	TREET ADDRESS, CITY, STATE, ZIP COI		DEGGG
WALTER	KNOX MEMORIAL H	OSPITAL		'	1202 EAST LOCUST STREET		
					EMMETT, ID 83617	And the Art Art	
(X4) ID FREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	COMPLETION DATE
C 338	Continued From pa	ge 21	C	336	8		
•		She stated that the nurse had					
	a history of being "I	Seck and white" and felt that up seeking. She stated that					
	the nurse was a bit	short with Patient #11 and					
	was counseled. Du	uring this interview the Director ment stated that she did not			•		
		dings and actions taken with			Į		!
	this complaint.						,
	The CAH falled to a	ensure that all patient					
	complaints include	a report of the findings and			į.		
	actions taken in ord	er to ensure the P) program indicators, including patient					
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Event 10:W004411

Facility (IX 10H71)

If continuation sheet Page 22 of 22

FORM CMS-2857(02-99) Pravious Versions Obsolets

PRINTED: 12/28/2009

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 131318 12/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET WALTER KNOX MEMORIAL HOSPITAL **EMMETT, ID 83617** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The following deficiencies were cited during the complaint survey of your CAH. The investigation was conducted by Patrick Hendrickson, RN, HFS. BB124 16.03.14.200.10 Quality Assurance **BB124** 10. Quality Assurance. Through administration and medical staff, the governing body shall ensure that there is an effective, hospital-wide quality assurance program to evaluate the provision of care. The hospital must take and document appropriate remedial action to address RECEIVED deficiencies found through the program. The hospital must document the outcome of the remedial action. (10-14-88) FEB 0 1 2010 This Rule is not met as evidenced by: 1. Refer to C336 as it relates to the failure of the FACILITY STANDARDS CAH to ensure the PI program had analyzed all patient complaints. BB297 16.03.14.370.01 Emergency Service, Policies BB297 and Procedures 370. EMERGENCY SERVICE. All hospitals who provide emergency medical care in a specific area of the facility shall have an organized plan for emergency care based upon current community needs and the capability of the hospital. (10-14-88) 01. Policies and Procedures. The emergency room of every hospital shall have written policies and procedures. These shall be in conformance with state and local laws. The procedures shall be approved by the hospital administration, medical staff, and nursing service. The policies shall be approved by the governing body. The policies and

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

procedures shall include but are not limited to.

STATE FORM

TITLE

1-28-10

(X6) DATE

PRINTED: 12/28/2009 FORM APPROVED

Bureau of Facility Standards

OF CORRECTION	IDENTIFICATION NUI		: 1 C			COMPLETED	
	131318		B. WING		l l	C 2/2009	
ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	12/2	2/2009	
KNOX MEMORIAL H	IOSPITAL			STREET			
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Continued From pa	ge 1		BB29 7				
the following: (10-1-	4-88)						
victims, rape victim persons suspected children or adults, e persons under the i alcohol, persons comaterials, and patie (10-14-88) b. Medical responsi	s, contagious diseas of criminal acts, abusemotionally disturbed influence of drugs and antaminated by radiosents dead on arrival; ibility shall be delinea	e, sed persons, d/or active and					
regarding emergen care relating to clini areas) and shall sp	cy care (including levical privileges and specify a method to ins	els of ecialty					
		med in					
		care of					
		lving					
,	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa the following: (10-1 a. Policies and prod victims, rape victim persons suspected children or adults, e persons under the alcohol, persons co materials, and patie (10-14-88) b. Medical respons regarding emergen care relating to clin areas) and shall sp coverage; and (10- c. Procedures that the emergency roo d. Policies and sup and/or transfer to a e. Policies regardin patients requiring fo (10-14-88) f. Policies and sup of equipment, medi (10-14-88) g. Policy and suppo emergency equipm h. Instructions for p equipment, and sup i. Policy and suppo	TOP CORRECTION 131318 ROVIDER OR SUPPLIER KNOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling victims, rape victims, contagious diseas persons suspected of criminal acts, abuchildren or adults, emotionally disturbed persons under the influence of drugs an alcohol, persons contaminated by radio materials, and patients dead on arrival; (10-14-88) b. Medical responsibility shall be delinear regarding emergency care (including lever care relating to clinical privileges and spareas) and shall specify a method to inscoverage; and (10-14-88) c. Procedures that can/cannot be perfor the emergency room; and (10-14-88) d. Policies and supporting procedures for and/or transfer to another facility; and (10-14-88) f. Policies and supporting procedures for equipment, medication, and supplies; (10-14-88) g. Policy and supporting procedures for emergency equipment; and (10-14-88) h. Instructions for procurement of drugs equipment, and supplies; and (10-14-88)	TOP CORRECTION 131318 PROVIDER OR SUPPLIER REMOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persens contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88) g. Policy and supporting procedures for care of emergency equipment; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	ROVIDER OR SUPPLIER RECONTRECTION 131318 STREET ADDRESS, CITY, 1202 EAST LOCUST EMMETT, ID 83617 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persens contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88) g. Policy and supporting procedures for care of emergency equipment; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	ROVIDER OR SUPPLIER 131318 STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET EMMETT, ID 83617 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY THIT, ID 83617 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY THIT, ID 83617 Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persens contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for care of emergency equipment, and (10-14-88) g. Policy and supporting procedures for care of emergency equipment, and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER REGULATORY OR LSC IDENTIFYING INFORMATION) BB297 The following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persons contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for care of emergency equipment, and supplies; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	

Bureau of Facility Standards FORM APPROVED								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	(X3) DATE SURVEY COMPLETED	
131318			C 12/22/2009					
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
WALTER KNOX MEMORIAL HOSPITAL				EAST LOCUST STREET SETT, ID 83617				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLI		(X5) COMPLETE DATE	
BB297	Continued From page 2			BB297				
	 j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88) k. Policy involving instructions relative to disclosure of patient information; and (10-14-88) l. A policy for integration of the emergency room into a disaster plan. (10-14-88) 							

BB298

BB298 16.03.14.370.02 Staffing

service requirements.

This Rule is not met as evidenced by: 1. Refer to C274 as it relates to the facility's failure to ensure policies and procedures for emergency medical services were developed and/or implemented to meet all of emergency

02. Staffing. There shall be adequate medical and nursing personnel to care for patients arriving at the emergency room. Minimum personnel and qualifications of such personnel shall be as follows: (10-14-88)

a. A physician in the hospital or on call twenty-four (24) hours a day and available to see emergency patients as needed. (10-14-88)

b. A qualified registered nurse shall be on duty in the facility and available to the emergency room at all times. (10-14-88)

This Rule is not met as evidenced by: 1. Refer to C201 as it relates to the failure of the CAH to ensure physicians were on-site and assessing patients' medical needs within 30

2. Refer to C296 as it relates to the failure of the

W0M411

PRINTED: 12/28/2009

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 131318 12/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1202 EAST LOCUST STREET** WALTER KNOX MEMORIAL HOSPITAL **EMMETT, ID 83617** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) BB298 Continued From page 3 **BB298** facility to ensure RN had supervised and evaluated the nursing care provided by dependent staff (LPNs and paramedics) in their deliverance of patient emergency care.

Bureau of Facility Standards

C.L. "BUTCH" OTTER - Governor RICHARD ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7007 0710 0002 7979 0659

December 29, 2009

Max Long Walter Knox Memorial Hospital 1202 East Locust Street Emmett, ID 83617

RE: Walter Knox Memorial Hospital, provider #131318

Dear Mr. Long:

Based on the complaint survey completed at Walter Knox Memorial Hospital on December 22, 2009 by our staff, we have determined that Walter Knox Memorial Hospital is out of compliance with the Medicare Hospital Conditions of Participation on Emergency Services (42 CFR 485.618). To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this condition to be unmet substantially limit the capacity of Walter Knox Memorial Hospital to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before <u>February 5, 2010</u>. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than <u>January 28, 2010</u>.

Max Long December 29, 2009 Page 2 of 2

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

Sincerely,

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

SC/mlw

Enclosures

ec: Kate Mitchell, CMS Region X Office

PRINTED: 12/28/2009 FORM APPROVED OMB NO. 0938-0391

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C 000	The following defic	TS iencies were cited during the of your CAH. The investigation	C	000			
		Patrick Hendrickson, RN, HFS.					
		ess Hospital ing Officer omography, a radiological test			RECEIVE		
	utilizing multiple x- CVA = Cardio Vas ED = Emergency I	cular Accident Department	•		JAN 25 2010	- 0	
C 200	PA = Physician's A PI = Performance RN = Registered N	y Medical Service ractical Nurse reening Evaluation Assistant Improvement Nurse	C	200	FACILITY STANDAR	RDS	
0200	The CAH provides	emergency care necessary to its inpatients and outpatients.		200			
	Based on interview medical records a determined the Care services to make the care services to make the care services. The care services in a delay medical needs.	is not met as evidenced by: ws of CAH staff and review of nd CAH policies, it was AH failed to provide emergency neet the needs of patients. This in the assessment of patients' he findings include:					
t A D O D A TO C	CAH to ensure ph	as it relates to the failure of the ysicians were on-site and IDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		Julyan In.		(X6) DATE
LABURATO	KT DIKECTOR'S OR PRON	INDER/SUPPLIER REPRESENTATIVE'S SIG	NAIUKE		TITLE		(A0) DA1E

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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C 201	assessing patients minutes. 2. Refer to C274 failure to ensure pemergency medicand/or implement service requiremed. 3. Refer to C296 facility to ensure Fevaluated the nursitaff (LPNs and pof patient emerged. The cumulative expression of patient emerged provide emergency and had the poter outcomes. 485.618(a) AVAIL Emergency service a day basis. This STANDARD Based on intervies medical records a determined the Cowere on-site and needs within 30 nof 6 patients (Patients arrived via ambular reviewed and had patients arriving a patients with CVA timely assessment potential to cause	as it relates to the facility's policies and procedures for all services were developed ed to meet all of emergency ents. as it relates to the failure of the RNs' had supervised and sing care provider by dependent aramedics) in their deliverance ncy care. Frect of these negative facility to by services in a timely fashion attial to result in negative patient		200	C 201 A Medical Screening Examin will be completed within 30 r of arrival on each person preto the hospital for Emergency See Policy in Addendum: A-Emergency Room Admission B-Staffing Emergency Room C-Medical Screening Examinand Medical Staff Rules currently require physicians to comply EMTALA regulations. They revised to require physician level to see emergent patient 30 minutes. See Addendum D-Medical Start Rules page 64 To ensure the process is come a Quality Improvement indicates the process is come and the proces	minutes senting y care. on nation y with will be or mid- ts within taff upleted, cator king y 1,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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C 201	include: 1. The CNO was in at 10:47 AM. She is have an ED policy to when they needed to perform a physical assessment at the CAH's Review of patients arrived at the ER visymptoms. The pathe physician within stated by the Chief Director during the at 3:00 PM. The pathe EMS run shee at the CAH's ED with CVA like sympand inability to follower.	terviewed on 12/21/09 starting stated that the CAH did not that would direct physicians as ed to be at patients' bedsides all assessment or an MSE. ine/ED Medical Director was 21/09 starting at 3:00 PM. She pital did not have an ED policy hysicians as to when they tients' bedsides to perform a nt or an MSE. However, she ectation was the ED physicians within 20 minutes of their	C	201			

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C 201	symptoms started on the variety of the cardiac monitor. A nursing note, writh 12/16/09 at 11:49 / physician on duty at that he had receive the physician's office. The note also state come to see Patien. A second nursing redated 12/16/09 at 11 was undergoing very anxious for the 11. A Process Implicated 12/16/09, do having lunch and we Patient #1 when show that the physician was added 12/16/09 at 15 family had signed I the physician was added 12/16/09 at 16 family had signed I the physician was added 12/15 PM, 45 marrived at the ED, written by the para PM, stated the phythat time. Patient #1's record physical assessme completed by the para PM, stated the phythat time.	on 12/15/09 but Patient #1 had edics called at that time. The that Patient #1 was placed on and was given oxygen. Iten by the paramedic, dated AM, stated he called the ED at that time. He documented ed laboratory test orders from the nurse and an order for a CT. and that the physician would not #1. Inote, written by the paramedic, 12:08 PM, stated that Patient a CT and that the family was a physician to evaluate Patient provement/Resolution report, cumented the physician was yould come in and evaluate	C	201			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

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C 201	The CNO was inter 10:47 AM. She rev confirmed that the physical assessme Patient #1 had arriv Patient #1's ED phr 12/21/09 starting a received a report fr patient was at the 1 reported that Patie for more then a darnurse told her that use any "clot busted dissolve a blood clothat she gave diag for diagnostic testic saw Patient #1. The CAH failed to physician assesseminutes of arrival. b. Patient #4 was a brought to the CAH he EMS run shee at the CAH's ED wonursing note, dated by a paramedic, do arrived by EMS with CVA like symptom wife reported the sept. The part was also the confused. The part was also the confused. The part was also the part was also the confused. The part was also t	r the patient had arrived at the viewed on 12/21/09 starting at viewed Patient #1's record and physician had not completed a nt until 51 minutes after	C 201			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SU: COMPLET	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILDIN	G		
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	The next paramedic PM, stated he (the physician on duty a 2:00 PM, the parameterized a phone cobtained orders. A 10/13/09 at 2:00 PM were a CT of the he EKG. Patient #4's Physic Note, dated 10/13/05 physician, documentify [sic] I came he PT (patient)." The a new hemianopia of partial blindness inner half of both the with mental statues stated Patient #4 with mental statues stated Patient #4 with The physician document was going to hold the medications used the blood clots) because changes and wanter at a secondary host transferring Patient A nursing note, dated documented by the physician was asserted Patient #4 was transferring at 15 PM Patient #4's record	c note, dated 10/13/09 at 1:40 paramedic) called the ED at that time. On 10/13/09 at nedic documented that he all back from the PA and in ED flow sheet, dated M, documented the orders ead, laboratory tests and an aian's Orders and Progress on but not timed, written by the imented that "I soon as I was nere immediately to assess the physician noted Patient #4 had (medical description of a type where vision is missing in the ne right and left visual field) is changes. The physician vas intermittently confused. Immented that he (the physician) thrombolytics (blood thinning to reduce the risk of forming se of the patient's neurological ed a full neurological evaluation spital where the physician was	C 201			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1` '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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C 201	practitioner, as des for 40 minutes afte The CNO was inter 3:50 PM. She contributed physician did not put the expected 20 m Medicine/ED Mediciner #9 was abrought to the CAHThe EMS run shee at the CAH's ED w However, Patient # contained an asses 12/11/09 at 7:15 Pl that time. The ED #9 had complained slurred speech. The history of hyperter assessment stated lethargic" It said non-reactive. The which asked for the and the time the pl completed. A second nursing in 12/11/09 at 7:34 Pl by telephone to the orders were received. The LPN doctor at the plant in the plant	hysician, an RN, or midlevel ignated by the medical staff, in the patient arrived at the ED. viewed on 12/21/09 starting at firmed that Patient #4's ED hysically see the patient within inutes which was the Chief of cal Director's expectations. ensure Patient #4's ED id his medical needs within 30 in 59 year-old-female who was 1's ED on 12/11/09 via EMS. It stated the ambulance arrived ith Patient #9 at 7:11 PM. 19's ED flow sheet, that is sment, written by the LPN on M, stated the patient arrived at flow sheet stated that Patient I of fatigue, headache, and he assessment stated she had ension and diabetes. The she was "drowsy; confused; her pupils were contracted and section of the assessment etime the physician was called hysician arrived was not note, written by the LPN, dated M, stated a report was made et physician at 7:34 PM, and ed for laboratory tests and a umented the physician saw PM. This was 53 minutes after yed at the ED. However, a	C	201			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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C 201	note titled "PHYSIC RECORD-HISTOR EXAMINATION," we The physician document of the physical assessment of the expected by the physical assessment of the expected 20 minutes of the expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival. The CAH failed to expected 20 minutes of arrival.	PIAN'S Y-PHYSICAL ras dated 12/11/09 at 8:00 PM. Imented that he had assessed	C	201			

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 12/28/2009 FORM APPROVED OMB NO. 0938-0391

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C 274	for 1 hour and 10 marrived at the ED. The CNO was inter 3:50 PM. She conf physician did not pl the expected 20 mi Medicine/ED Medic 485.635(a)(3)(ii) PA [The policies included] (ii) policies and promedical services This STANDARD Based on interview medical services This STANDARD Based on interview medical records and determined the CA procedures for emissificiently develop staff were directed directly impacted 4 #9, and #10) who a whose records we potential to impact Without sufficiently be able to ensure assessments/MSE established by the Director. The finding 1. The CAH's Empolicy, dated 12/17 did not come to the medical screening	ignated by the medical staff, ninutes after Patient #10 viewed on 12/21/09 starting at irmed that Patient #10's ED hysically see Patient #10 within nutes which was the Chief of all Director's expectations. ATIENT CARE POLICIES the following: cedures for emergency is not met as evidenced by: s of CAH staff and review of ad CAH policies, it was H failed to ensure policies and ergency medical services were sed to ensure all emergency in ED expectations. This of 6 patients (Patients #1, #4, arrived via ambulance and re reviewed and had the all patients arriving at the ED. policies, the facility would not all ED staff completed initial is within the time frames Chief of Medicine/ED Medical	C 274	C 274 Cited Policies have been revinclude timeframes for Emer Services and Medical Screen Examinations. See Policy in Addendum: A-Emergency Room Admissis B-Staffing Emergency Room C-Medical Screening Examin Also Medical Staff Rules revinoted in deficiency C 201 D-Medical Staff Bylaws page	rgency ing on nation ision as	

(X2) MULTIPLE CONSTRUCTION

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C 274	included RNs and ra Nurse Practitione how soon an MSE. The CAH's Medica (MSE) policy, revisiperform an MSE at The policy did not sto be completed. A under Article 3 Cate stated that physicia minutes of the hospaddress when ED rathe ED assessing pemergent medical. The CAH's Emerge Physicians policy, of services in the Emergent medical. The CNO was interested when ED mandates and ED policy that when they needed perform a physician A review of patient time frames for how an assessment/MS (physician, RN, or they arrived at the documented the formal patient was a Patient #1 was a Patient #1 was a Patient #1 was a Patient #1 was a policy that was a Patient #1 was a P	midlevel practitioners (a PA or ar). The policy did not state was to be completed. I Screening Examination ed 9/08, only stated who could had what the MSE included. Specify when the MSE needed additionally, the CAH's Bi-laws, egories of Membership, only ans needed to live within 20 bital. The Bi-laws did not medical staff needed to be in patients presenting with needs. Pency Room Nursing and dated 3/01, stated "Physician ergency Room are available aday." The policy did not needical staff needed to be in patients presenting with needs. Priewed on 12/21/09 starting at a ted that the CAH did not have would direct physicians as to to be at patients' bedsides to assessment or an MSE. Charts documented varying with soon patients were seen for SE by qualified ED staff midlevel practitioners) after ER. The patients' records llowing:	. ·				
	prought to the CAF	l's ED on 12/16/09 via EMS.					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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C 274	The EMS run shee at the CAH's ED will However, a nursing AM, written by a paratient #1 arrived at AM. The note state with CVA-like sympand inability to follonotes documented care for Patient #1 Patient #1's CAH's physician's initial a stated the physician PM, 45 minutes aff ED. However, a nullicated the physician PM, stated the Patient #1 at that till #1 arrived at the EB Beyond the care the Patient #1's record physical assessme completed by the practitioner, as desfor 51 minutes after b. Patient #4 was brought to the CAH The EMS run shee at the CAH's ED will have by a paramedic, do arrived by EMS will CVA like symptom documented the pratient #4 until 10.	it stated the ambulance arrived ith Patient #1 at 11:26 AM. In once, dated 12/16/09 at 11:30 aramedic, documented that at the CAH by EMS at 11:30 and that Patient #1 presented by commands. Subsequent the paramedic continued to until 12:15 PM. ED flow sheet contained the ssessment. The flow sheet in arrived at the ED at 12:15 are Patient #1 had arrived at the ursing note, dated 12/16/09 at the physician was seeing ime, 51 minutes after Patient D. at the paramedic provided, I did not document that a sent or MSE had been onlysician, an RN, or midlevel signated by the medical staff, are Patient #1 arrived at the ED. a 72 year-old-male who was d's ED on 10/13/09 via EMS. At stated the ambulance arrived with Patient #4 at 1:27 PM. At 10/13/09 at 1:30 PM, written occumented that Patient #4 the a complaint of new onset as Subsequent notes aramedic continued to care for /13/09 at 2:10 PM, when the ented the physician was	C	274			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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C 274	Continued From pa	age 11	C 2	74				
	physical assessme completed by the practitioner, as desfor 40 minutes afte ED. c. Patient #9 was a brought to the CAHThe EMS run shee at the CAH's ED whowever, Patient # an LPN on 12/11/0 patient arrived at the Patient #9 had comand slurred speech had a history of hyassessment stated lethargic" It said non-reactive. The which asked for the and the time they a Subsequent notes continued to care find when the LPN doc patient. An addition RECORD-HISTOR EXAMINATION," who was a sees to completed by the practitioner, as designed.	did not document that a ent or MSE had been physician or an RN or midlevel signated by the medical staff, or the patient had arrived at the a 59 year-old-female who was a 1's ED on 12/11/09 via EMS. At stated the ambulance arrived ith Patient #9 at 7:11 PM. 19's ED flow sheet, written by 19 at 7:15 PM, stated the ent time. The note stated that explained of fatigue, headache, expertension and diabetes. The expertension and diabetes. The expertension and diabetes. The expertension of the assessment entire time the physician was called arrived was not completed. It is documented the LPN for Patient #9 until 8:08 PM, sumented the physician saw the expertension of the assessment entire the physician saw the experience of the physician of an RN or midlevel entire the patient had arrived at the experience of the patient had arrived at the experience of the patient had arrived at the experience of the patient had arrived at the entire the patient had arr						
	ED. d. Patient #10 was	s a 60 year-old-male who was H's ED on 10/15/09 via EMS.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			COMPLETED		
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C 274	at 6:25 PM, stated ER and the chief of STATUS CHANGE Patient #10 was dibladder cancer. Significant with the LPN continued 7:35 PM when the saw the patient at Patient #10's recophysical assessme completed by the practitioner, as defor 1 hour and 10 arrived at the ED. The Chief of Mediinterviewed on 12 stated that the host that would direct preded to be at paphysical assessme stated the expectational would see patient arrival at the CAH 485.635(d)(2) NU A registered nurse law, a physician and evaluate the nurse including patients swing-bed CAH. This STANDARD Based on interviewedical records as the expectation of the control of t	written by the LPN on 10/15/09 the patient ambulated into the complaint was "MENTAL E." The assessment stated soriented and had a history of subsequent notes documented to care for Patient #10 until LPN documented the physician that time. In did not document that a sent or MSE had been physician or an RN or midlevel signated by the medical staff, minutes after the patient had cine/ED Medical Director was /21/09 starting at 3:00 PM. She spital did not have an ED policy obysicians as to when they atients' bedsides to perform a sent or an MSE. However, she ation was the ED physicians s within 20 minutes of their 's ED. RSING SERVICES e or, where permitted by State ssistant, must supervise and ing care for each patient, at a SNF level of care in a is not met as evidenced by: ws of CAH staff and review of and CAH policies, it was		274	C 296 Indications for direct super non-RN staff by an RN hav added to the Policy. See Policy in Addendum: B-Staffing Emergency Rooff-Standards of Nursing Proceedings of Standards of Stand	ve been m	
	determined the C	AH failed to ensure an RN had valuated the nursing care for 4					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '	TIPLE CONSTRUCTION	URVEY ETED		
		131318	A. BUILD B. WING		l	C	
	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP 1202 EAST LOCUST STREET EMMETT, ID 83617		2/2009	
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C 296	presented to the E reviewed. Failure the nursing care provided profession supervision of an established standakept the supervision of an established standakept the supervision. The job description would provided profession of an established standakept the supervision. The job description would provide supervision of an established standakept supervisor into problems. The job with the Rules of the LPN contributes that is by collecting objective and subjective and subjec	lents #1, #4, #9 and #10) who D and whose records were to ensure an RN supervised rovided by dependent staff had ay emergency care services a limited to, the stabilization atients' emergency medical potential negative patient dings include: ition Description for a Certified 2009, stated the paramedic nal emergency care under the RN/Charge Nurse, according to ards and consulted with and informed of activities, needs wever, the CAH's Certified ceription did not state how the set the Certified Paramedic or on was to be documented.	C 29	-			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		131318	B. WI	IG			2/2009
	ROVIDER OR SUPPLIER	IOSPITAL		12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION ĐATE
C 296	supervise the LPN be documented. The CAH's Emerge Physicians policy, cemergency room whours a day by a lict that an RN, prefers cardiac life support twenty-four hours a activities in the emin accordance with of Nursing, IDAPA states the RN, in a nursing care, work of capacities include that the RN is accomplementation of nursing care (IDAF However, the polic regarding how the working under theis supervision was to A review of patient RN supervision for ED from LPNs and a. Patient #1 was a brought to the CAF nursing note dated by a paramedic, do arrived at the CAF note stated that Pa CVA-like symptom the inability to follo that Patient #1's w	state how the RN was to or how the supervision was to ency Room Nursing and dated 3/01, stated the vas to be staffed twenty-four censed nurse (RN or LPN) and ably trained in advanced to supervise nursing ergency room. The policy was the Rules of the Idaho Board code 23.01.01.401, which ddition to providing hands-on and serves in a broad range ling delegation of duties and countable and responsible for planned and prescribed PA code 23.01.01.401.02 (e)). If y did not include information RN was to supervise the staff or license or how the		296			

NAME OF PROVIDER OR SUPPLIER WALTER KNOX MEMORIAL HOSPITAL B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET	2009
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET	
EMMETT, ID 83617	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 296 Continued From page 15 paramedics called at that time. The note further stated that Patient #1 was placed on the cardiac monitor and was given oxygen. Patient #1's record contained the following nursing notes, as documented by the paramedic: - 12/16/09 at 11:37 AM: The paramedic checked Patient #1's blood sugar. - 12/16/09 at 11:49 AM: The paramedic called the ED physician on duty at that time. He documented that he had received laboratory test orders from the physician's office nurse and an order for a CT. The note also stated that the physician would come to see Patient #1. - 12/16/09 at 11:54 AM: The paramedic started an IV in Patient #1's right forearm. - 12/16/09 at 12:20 BM: Patient #1 was undergoing a CT and that the family was very anxious for the physician to evaluate the patient. - 12/16/09 at 12:20 PM: Patient #1's family had signed the patient out AMA because the physician was not there. However, Patient #1's did not leave AMA. - 12/16/09 at 12:35 PM: The paramedic started an IV in Patient #1's left arm. - 12/16/09 at 12:37 PM: Patient #1 was given Labetalot (a blood pressure medication) 5 mg IV followed by a 10 ML saline flush. - 12/16/09 at 1:05 PM: The paramedic gave	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		G	COMPLETED		
		131318	B, WIN	1G_		1	/2009
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C 296	report to a Lifefligh Patient #1 to a hos Patient #1's record evidence that the Confirmed by the E #1's admission and 12/21/09 at 2:45 P b. Patient #4 was a brought to the CAP Patient #4's record nursing notes, as conversing notes, as con	t RN who was transporting spital for continued care. I contained no documented CAH's ED RN supervised the ent #1's care. This was ED RN on shift during Patient distay at the CAH's ED on M. I 72 year-old-male who was H's ED on 10/13/09 via EMS. I contained the following documented by the paramedic: PM: Patient #4 arrived by EMS finew onset CVA-like around 1:00 PM, when he around 1:00 PM, when he around 1:00 PM, when he around a given PM: The paramedic called the uty. PM: The paramedic called the uty. PM,: The paramedic ne received a phone call back and obtained orders. PM, The patient was back from ed back on the monitors and assessing Patient #4 at that	C	296			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING	G	С	
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	ROVIDER OR SUPPLIER	IOSPITAL	12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617		
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C 296	completed. - 10/13/09 at 2:30 F collected from Patient - 10/13/09 at 2:45 F transferred to a hos movements on his - 10/13/09 at 3:00 F to the helipad for tr paramedic docume stable and report a were given to the L - 10/13/09 at 3:15 F secondary hospital Patient #4's record evidence that the C the paramedic or F c. Patient #9 was a brought to the CAF	PM: A urine sample was ent #4. PM: Patient #4 was to be spital and now had good motor right side. PM: Patient #4 was transferred ansfer to a helicopter. The ented that Patient #4 was nd copies of Patient #4's chart ifeflight crew. PM: The paramedic called the 's ED and gave a report. contained no documented CAH's ED RN had supervised	C 296			
	- 12/11/09 at 7:15 for fatigue, headach assessment stated hypertension and content of the stated she was "drawaid her pupils were The section of the the time the physician arrived were section at 7:34 for 12/11/09 at 7:34 for 12/11/09 at 7:34 for fatigue, head as the section of the section	PM: Patient #9 had complained he, and slurred speech. The she had a history of liabetes. The assessment owsy; confused; lethargic" It is contracted and non-reactive assessment which asked for ian was called and the time the was not completed. PM: A report was made by hysician at 7:34 PM, and orders				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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C 296	were received for late - 12/11/09 at 8:08 F Patient #9. - 12/11/09 from 8:1 administered intrav #9 but no assessm was documented evisupervised the LPN d. Patient #10 was brought to the CAH Patient #10's record nursing notes, as described as a control of Patient #10 was discontrol of Patient #10's arrival at 6:25 F examination at 7:33 documented in the 10/15/09 at 10:10 transferred to a regambulance. Patient #10's record	PM: The physician was seeing 8 PM to 8:35 PM: An RN enous medication to Patient ent or other care by the RN Patient #9's record contained dence that the CAH's ED RN I or Patient #9's care. a 60 year-old-male who was l's ED on 10/15/09 via EMS. d contained the following ocumented by the LPN: PM: The patient ambulated into ef complaint was "MENTAL i." The assessment stated soriented. PM: The physician was notified ival at that time. assess Patient #10 between PM and the physician's FM, was an LPN as 10/15/09 nursing notes. PM: Patient #10 was gional medical center via d contained no nursing notes te the RN supervised the LPN	C 296	,			
	On 12/21/09 startin	g at 11:35 AM, the CAH's					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			B. WING		С	
		131318	B. WING		12/22	2/2009
	ROVIDER OR SUPPLIER KNOX MEMORIAL H	IOSPITAL	12	EET ADDRESS, CITY, STATE, ZIP CODE 202 EAST LOCUST STREET MMETT, ID 83617		
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C 296	CNO was interview was scheduled in the ED RN was als Charge RN during with review of 11/0. An RN ED/Medical interviewed on 12/2 stated that the ED were very confiden patients. She state care provided to pathat oversight in the CA outcomes. The program to evaluate appropriateness of furnished in the CA outcomes. The program to evaluate appropriateness of furnished in the CA outcomes. The program to evaluate appropriateness of furnished in the cathat analyzed all patien (Patient #11) review This resulted in the to develop and impatient relations to include:	red. She stated that an RN ne ED 24/7. She stated that of the CAH's Medical Surgical their shift. This was confirmed 9 and 12/09 staffing records. Surgical Charge nurse was 21/09 starting at 2:45 PM. She paramedics and other staff in assessing and caring for ed that she did oversee their atients, but did not document atients' records. TY ASSURANCE Iffective quality assurance the quality and the diagnosis and treatment and of the treatment for an equires that and of the treatment for an equires that and of the treatment for an equires that and the equipment of the program had the complaints for 1 of 2 patients wed, who had filed complaints. It is potential for the CAH's ability blement processes to improve the impeded. The findings	C 336			
	Report, dated from	Patient Satisfaction Survey November 2008 to October d. The Nursing Staff				

		AND HUMAN SERVICES 8 MEDICAID SERVICES			PRINTED: 01/14/2010 FORM APPROVED OMB NO. 0938-0391
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER	()C2) LIULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		131318	B. WING		C 12/22/2009
NAMEOFF	ROYIDER OR SUPPLIER		ĸ	REET ADDRESS, CITY, STATE, ZIP CODE	
WALTER	KNOX MEMORIAL H	IOSPITAL	1	1202 EAST LOCUST STREET EMBNETT, 10 83617	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
C 336	Continued From pa	ge 20	C 336	C 336: Unfortunately there was	
	Courteous and Frie documented the fol	ndly section of the report lowing results:		this statement because that is a Director's normal process, nor our policy. And I apologize if an	is that in accordance with nything said misled the
		disfled: April 2009 = 4%, May		reviewer to believe this is our p	rocess,
·	- Completely Dissetisfied: April 2009 = 4%, May 2009 = 3%. - Somewhat Dissetisfied: November 2008 = 6%, January 2009 = 15%, April 2009 = 4%, May 2009 = 3%, June 2009 = 5%. The Director of Quality Management was interviewed on 12/21/09 at 10:40 AM. She stated all employees are given a yearly inservice on costumer service. She stated if she received a complaint about an individual, she would follow up with that individual in accordance with the CAH's Complaint and Problem Identification Resolution policy. The CAH's Complaint and Problem Identification Resolution policy, dated 2002, stated that after receiving a complaint, a report of findings and action taken must be completed and given to the Director of Quality Management within seven days. However, the policy was not implemented			Employees are given a yearly of part of the statement is correct, provided with routine customer customer service motivational of submitted by fellow employees, service team which is lead by of several times a year in an effort delivering stellar customer service. However, if there is a complain information is provided to that it Manager on our PI forms (blue responsible for the findings and counseling/education, discipling staff. The Department Head the QM Director with written/verbal QM Director prepares a report discussed at our monthly QI Color same report is available for revided Medical Staff and our Board of with patient #11. There is a sim HR/Community Relations Deparcomments noted on returned personners.	Additionally, they are service emails that include quotes that have been. We have a customer our HR Director that meets to keep our focus on ice. It about an individual, that individual's Department sheets) who in turn is actions related to any steps, etc. with their en returns the form to the responses, from which the that is reviewed and ommittee meeting. That iew and discussion at Directors. As was the case alter process in our artment for negative
	admitted to the CA of a migraine head Improvement/Reso stated Patient #11 Quality Manageme #11 said the ED no Process Improvem	52-year-old female who was H ED on 8/25/09 for irealment acha. A Process stated 8/27/09, complained to the Director of mt. The report stated Patient rise was a "jerk to me." The ent/Resolution Report did not findings and action taken.		This does not mean that the QI an incident with specific staff in will request additional informati further explain in addition to what discussed with their supervisor the need for additional information responsibility for staff follow up Department Managers, which is	M Director never discusses volved. Sometimes staff on or just feel the need to nat they have already. Or QM Director may have tion from staff. But the does fall to the individual
·	AM. She stated th	rviewed on 12/21/09 at 10:40 at she did talk to the nurse		In the future, WKMH will be mo completed response from the D requiring comprehensive docur	Department Managers mentation of findings and
FORM CIAS-2	567(02-68) Previous Version	o Obsolete Event (D: With 641	1 Fe	actions. Our existing PI form I enforce this. As noted on this I Director has not received a res working days from the Departm be notified. A copy of the revis	revised form, if the QM ponse back within 7 nent Manager, the CEO will

1-21-10

Day Johnson, RA am Diricter

attached along with the two monthly QI reports where the incident with patient #11 was reported and a copy of our policy regarding the handling of patient complaints.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM	01/14/2010 APPROVED
	S FOR MEDICARE OF DEFICIENCIES						0938-0391
AND PLAN C	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BU			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		_1	gr	REET ADDRESS, CITY, STATE, ZIP CODE	12/2	2/2009
WALTER	KNOX MEMORIAL H	OSPITAL		1	1262 EAST LOCUST STREET EMMETT, ID 83617		
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C 336	Continued From pa	ge 21	C	336	8		
C 338	about the incident. a history of being "to Patient #11 was druthe nurse was a bit was counseled. Du of Quality Managen write a report of find this complaint. The CAH falled to e complaints include a actions taken in ord	She stated that the nurse had black and white" and felt that ag seeking. She stated that short with Patient #11 and wing this interview the Director nent stated that she did not lings and actions taken with maure that all patient a report of the findings and er to ensure the Pi program addicators, including patient	C	336			
			ı				

FORM CAS-2887 (02-69) Previous Versions Obsolete

Event ID: W0/4411

Facility ID: 10/1713

If continuation sheet Page 22 of 22

PRINTED: 12/28/2009 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING B. WING 131318 12/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WALTER KNOY MEMORIAL HOSPITAL

1202 EAST LOCUST STREET

WALTER				T, ID 83617					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
В 000	16.03.14 Initial Comments		B 000						
	The following deficiencies were cited during the complaint survey of your CAH. The investigation was conducted by Patrick Hendrickson, RN, HFS.								
BB124	16.03.14.200.10 Quality Assurance		BB124						
	10. Quality Assurance. Through administration and medical staff, the governing body shall ensure that there is an effective, hospital-wide quality assurance program to evaluate the provision of care. The hospital must take and document appropriate remedial action to address deficiencies found through the program. The hospital must document the outcome of the remedial action. (10-14-88)								
	This Rule is not met as evidenced by: 1. Refer to C336 as it relates to the failu CAH to ensure the PI program had anal patient complaints.								
BB29 7	16.03.14.370.01 Emergency Service, Po and Procedures	olicies	BB297						
	370. EMERGENCY SERVICE. All hospitals who provide emergency medical care in a specific area of the facility shall have an organized plan for emergency care based upon current community needs and the capability of the hospital. (10-14-88)								
	01. Policies and Procedures. The emergroom of every hospital shall have written and procedures. These shall be in confount with state and local laws. The procedure approved by the hospital administration staff, and nursing service. The policies approved by the governing body. The percedures shall include but are not limited.	n policies ormance es shall be , medical shall be olicies and							

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

PRINTED: 12/28/2009 FORM APPROVED

Bureau of Facility Standards

			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	424240		B, WING			
DUVIDED OD SLIDDI IED	131310	STREET ADI	DRESS CITY S	TATE ZIP CODE	12122	72009
	IOSPITAL	1202 EAS	T LOCUST S			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETE DATE
Continued From page 1			BB297			
the following: (10-1	4-88)	ļ				
a. Policies and prodictims, rape victims persons suspected children or adults, expersons under the alcohol, persons comaterials, and patie (10-14-88) b. Medical respons regarding emergent care relating to clinareas) and shall spoverage; and (10-14-88) c. Procedures that the emergency rood. Policies and supand/or transfer to a e. Policies regarding full-14-88) f. Policies and supandictions and supartients requiring full-14-88)	cedures for handling is, contagious diseas of criminal acts, abustionally disturbed influence of drugs an ontaminated by radiocents dead on arrival; ibility shall be delined by care (including levical privileges and specify a method to instant and (10-14-88) can/cannot be perform; and (10-14-88) eporting procedures for instructions to be collow-up services; and porting procedures for porting procedures for instructions to be collow-up services; and porting procedures for instructions for instructions to be collow-up services; and porting procedures for instructions for instruct	e, sed persons, d/or active and deted vels of pecialty sure staff armed in active and area or referral 10-14-88) given ad active active are storage				
g. Policy and supporting procedures for care of emergency equipment; and (10-14-88)						
h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88)						
		olving				
	ROVIDER OR SUPPLIER KNOX MEMORIAL H SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa the following: (10-1 a. Policies and prod victims, rape victim persons suspected children or adults, of persons under the alcohol, persons co materials, and patic (10-14-88) b. Medical respons regarding emergen care relating to clin areas) and shall sp coverage; and (10- c. Procedures that the emergency roo d. Policies and sup and/or transfer to a e. Policies regardin patients requiring f (10-14-88) f. Policies and sup of equipment, med (10-14-88) g. Policy and supp emergency equipm h. Instructions for p equipment, and su i. Policy and support i. Policy and support ii. Policy and support ii. Policy and support iii. Policy and support iiii. Policy and support iiii. Policy and support iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Tatalana Rovider or supplier RECONTINUATION NOTE TO THE PROVIDER OR SUPPLIER RECONTINUATE OR SUPPLIER RECONTINUATE OR SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMARY) Continued From page 1 The following: (10-14-88) a. Policies and procedures for handling victims, rape victims, contagious diseas persons suspected of criminal acts, abuchildren or adults, emotionally disturbed persons under the influence of drugs an alcohol, persons contaminated by radio materials, and patients dead on arrival; (10-14-88) b. Medical responsibility shall be delined regarding emergency care (including levicare relating to clinical privileges and spareas) and shall specify a method to inscoverage; and (10-14-88) c. Procedures that can/cannot be performed the emergency room; and (10-14-88) d. Policies and supporting procedures for and/or transfer to another facility; and (10-14-88) f. Policies and supporting procedures for equipment, medication, and supplies (10-14-88) g. Policy and supporting procedures for equipment, medication, and supplies (10-14-88) h. Instructions for procurement of drugs equipment, and supplies; and (10-14-88)	TOP CORRECTION 131318 ROVIDER OR SUPPLIER RENOX MEMORIAL HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persons contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88) g. Policy and supporting procedures for care of emergency equipment; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 1 the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons, persons under the influence of drugs and/or alcohol, persons contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88) f. Policies and supporting procedures for care of emergency equipment; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving	TOP CORRECTION STREET ADDRESS, CITY, STATE, ZIP CODE 1202 EAST LOCUST STREET 1202 EAST LOCUST 1202 EAST	The correction and the control of the control of the correction of

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
131318				B. WING _	12/22/2009		I
			PRESS, CITY, STATE, ZIP CODE				
WALTER KNOX MEMORIAL HOSPITAL 1202 EAS EMMETT,			T LOCUST STREET ID 83617				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ON SHOULD BE COMPLETE BE APPROPRIATE DATE	
BB29 7	Continued From page 2			BB297			
	 j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88) k. Policy involving instructions relative to disclosure of patient information; and (10-14-88) 						
	i. A policy for integration of the emergency room into a disaster plan. (10-14-88)				RECEIVED		İ
	This Rule is not met as evidenced by: 1. Refer to C274 as it relates to the facility's failure to ensure policies and procedures for emergency medical services were developed and/or implemented to meet all of emergency service requirements.		litv's		.		
l				JAN 2 5 2010			
				FACILITY STANDARDS			
BB298	16.03.14.370.02 Staffing 02. Staffing. There shall be adequate medical and nursing personnel to care for patients arriving at the emergency room. Minimum personnel and qualifications of such personnel shall be as follows: (10-14-88) a. A physician in the hospital or on call twenty-four (24) hours a day and available to see emergency patients as needed. (10-14-88) b. A qualified registered nurse shall be on duty in the facility and available to the emergency room at all times. (10-14-88)		BB298				
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	Refer to C201 as CAH to ensure phy	et as evidenced by: s it relates to the failu sicians were on-site medical needs withi	and				
	2. Refer to C296 as it relates to the failure of the						

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FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С B. WING 131318 12/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1202 EAST LOCUST STREET** WALTER KNOX MEMORIAL HOSPITAL **EMMETT, ID 83617** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) BB298 Continued From page 3 **BB298** facility to ensure RN had supervised and evaluated the nursing care provided by dependent staff (LPNs and paramedics) in their deliverance of patient emergency care.

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